

REMARKS

Independent claims 1, 21 and 38 have been amended again to further distinguish from the cited references: Joao (US Patent No.: 6,283,761, hereinafter "Joao"), Ertel (US Patent No.: 5,307,262, hereinafter "Ertel"), Campbell (US Patent No.: 6,047,259, hereinafter "Campbell"), and Snell (US Patent No.: 5,722,999, hereinafter "Snell") in combination.

Substance of Interview: The Examiner is appreciated for granting a telephonic interview with the Examiner, Ms. Carolyn Bleck, Bryan K. Chan and the undersigned on 1/11/2007. The Applicant had the opportunity to present arguments why claims 1 and 21 are believed distinguishable over the cited references and listened to the interpretation of the Examiner over the same references. Possible amendments were discussed that could potentially overcome the references.

As amended now, Claim 1 now recites:

receiving patient data over a network from a user regarding a health condition being experienced by the user;
filtering the patient data according to a first database to produce filtered patient data, wherein the filtering of the patient data comprises:
discarding some of the patient data that is not so related to the health condition; and
requesting correction or verification on some of the patient data with the user when the patient data appears abnormal according to the first database;
performing an analysis of the filtered patient data, the analysis including one or more of statistical analysis implemented based on a survey among a group of similar people with respect to the health condition in the filtered data, data variability analysis, trend forecasting, significance of data, distribution of data, projection of data, computation of trends, linear and non-linear regression techniques, curve-fitting methods, or numerical analyses;

outputting directly to the user, in response to the filtered patient data, a medical recommendation of the health condition based on a second database that includes medical decision-making intelligent agents, accesses to clinical research information, related health databases or resources controlled by various professional participants, wherein the medical recommendation includes what the user is suggested to do in regarding to the health condition; and

alerting automatically through the network related parties regarding the user if the health condition is deemed to be attended by professionals.

(emphasis added)

The Applicant has explicitly added some limitations to claim 1 with respect to the analysis of the filtered data. Such comprehensive analysis of the filtered data is neither taught nor suggested in Joao, Ertel, Campbell and Snell, viewed alone or in combination.

Further Joao teaches in FIG. 7A and FIG. 7B that a diagnostic report and a treatment report are supplied to a provider (e.g., a medical doctor). Because Joao teaches about managing various records for a health provider, not managing diseases and wellness as agreed by the Examiner, the diagnostic report and the treatment are certainly supplied to a medical doctor. In contrast, the instant application is to provide a self-care mechanism for a patient to mange his/her diseases, perhaps before seeing a doctor, so the medical recommendation is directly provided to the patient.

Ertel explicitly teaches reviewing and controlling clinical data quality in the reporting of hospital claims data. Ertel's filtering step is designed to analyze patient medical case records for compliance with standardized medical coding and then flag problem cases for human review (Ertel Col.26, lines 30-65). The filtering operation in Ertel is designed to sort different patient case records into those that need human review and those that do not (Ertel Col 37, lines 39-68). For example, Ertel shows an example of the data in lines 39-46 of Col. 12. The data, after processed in Ertel's system, shows that the two coders 650 and 7534 are contractive. Consequently, Ertel's

filtering step is only designed to assess for the quality of the *medical coding* as it applies to the patient's medical case and not the quality of the *patient data itself* (Ertel Col.26, lines 30-65). Evidently, the data in Ertel is not the patient data as defined in the instant application. The data in Ertel is a data claim (i.e., medical billing codes) about the medical treatment of a patient while the data of the instant application is a description of a medical condition being experienced by a patient.

On page 5 of the Office Action, the Examiner uses Campbell to reject two limitations recited in claim 1. First the Examiner believes that Col. 9, lines 65-66 of Campbell teaches about the correction or verification of some of the patient data with the user. However, the paragraph starting 65 of Col. 9 to line 13 of Col. 10 shows clearly that the client information is “statistic” in a sense that they can not be changed in response to a health condition. In particular, the patient information in Campbell means registration information of a patient (e.g., an animal) and used for check-in. When a receptionist changes the patient information, it is for check-in purpose, not related to the health condition being experienced by the patient. Next, the Examiner believes that Campbell teaches about the alerting. However, Campbell teaches in lines 47-51 of Col. 13, about having a nurse to manually label the colors according to the initial examination of an animal. It is assumed that the nurse has limited knowledge and can only determine some of the findings, the rest are unmarked and left for the doctor. There is no any teaching or suggestions about “alerting automatically through the network related parties regarding the user if the health condition is deemed to be attended by professionals”.

Snell teaches acquiring medical data from an implantable medical device and integrating recently acquired medical data with previously acquired medical data. The user is prompted whether old medical data should be discarded, *not consulted to discard some of the patient data that is not so related to the health condition*, see 228 and 232 of FIG. 9 and 55-67 of Col. 16. Moreover, Snell teaches to discard old historical patient data in the memory unit of the implantable medical device for the purposes of providing more storage space for newer patient data and thus discards data based on

chronicity and not based on whether or not the data is related to the health condition (see Col 16 lines 52-60).

Joao, Ertel, Campbell and Snell are combined to reject claim 1. The applicant still believes that the combination is improper because there is no motivation to combine these references in the manner proposed by the Examiner. Nevertheless, even if these references were to be combined, the combination would still fail to teach or suggest the combined features recited in Claim 1. As pointed out above, in addition to the fact that Joao fails to teach or suggest at least three clauses as outlined by the Examiner in the final office action dated 09/19/2006, Joao teaches away from claim 1 by sending the reports to a medical doctor. Campbell teaches about caring an animal using a software application. Further, Ertel teaches about controlling data quality to avoid coding errors in data while Snell teaches acquiring medical data from an implantable medical device that discard old historical patient data in the memory unit of the implantable medical device for the purposes of providing more storage space for newer patient data. The applicant respectfully asks the Examiner to reconsider such a combination.

Independent claims 21 and 38 include the similar limitations as recited in claim 1. The Applicant wishes to use the above reasons/arguments to support claims 21 and 38.

The Applicant believes that Claims 1 - 54 shall be in condition for allowance over the cited references. Early and favorable action is being respectfully solicited.

If there are any issues remaining which the Examiner believes could be resolved through either a Supplementary Response or an Examiner's Amendment, the Examiner is respectfully requested to contact the undersigned at (408)777-8873

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Respectfully submitted;

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